

STATE OF NEW HAMPSHIRE DEPARTMENT OF SAFETY DIVISION OF MOTOR VEHICLES

23 HAZEN DRIVE, CONCORD, NH 03305-0001 Telephone: (603) 227-4000 Relay NH (7-1-1) www.nh.gov/dmy



DSMV 30 (Rev 3/22)

RECORD CHANGE REQUEST

Note: This request will change data on all DMV records (Registration, Driver License, Title, etc.)

Please complete form accordingly for permanent changes only.

1. Person's Information: (Please Print)							
NAME:							
	FIRST	M	MIDDLE LAST			DATE OF BIRTH	
Driver License or Non Driver ID Number			Best Contact Phone Number (Recommended)			Email Address	
2. Address Change: To obtain a replacement license/ID with the updated address, this application and the							
\$3.00 fee must be submitted to a DMV Office. Go to dmv.nh.gov for instructions on obtaining a new license.							
MAILING	ADDRESS:	STR	EET		CITY/TOWN	STATE	ZIP CODE
☐ Check this box if the legal address is the same as the mailing, if different please complete legal address below.							
LEGAL A	DDRESS:						
220:12:1		STRE	EET		CITY/TOWN	STATE	ZIP CODE
\Box Check this box if you wish to have your legal address appear on the back of your driver license or ID.							
☐ Check if you wish to add the Veteran Indicator. ** Must provide proof of honorable discharge**							
3. Name Change: Must appear in person at any DMV Office with supporting documentation. Go to							
dmv.nh.gov for appointment availability and to find a list of acceptable supporting documentation.							
NEW NAM		FIRST	MIDD	N.E.	LAST	CUE	EIV (In Co. I. II ata)
		r iks i	MIDD	LE	LAST	SUF	FIX (Jr. Sr. I, II, etc)
4. Other Personal Identification Information: To change Date of Birth you must appear in person at							
a DMV Office with supporting documentation such as an original or certified copy of your birth certificate or a valid US Passport. Go to dmv.nh.gov for appointment availability.							
Height	Weight	Eye Color			•	Date of Birth (n	am /dd/magu)
Heighi	weigni	Eye Color		Hair Color	•	Dute of Birth (h	im/aa/year)
5. Donor Information:							
Check Here To Consent to Organ Donation pursuant to RSA 263:41.							
Donation information will be provided to federally designated organizations so that your decision to donate may be honored.							
Check here ☐ to remove your consent to Organ and Tissue donation.							
I, the undersigned applicant, certify under penalty of unsworn falsification pursuant to RSA 641:3, all information provided is correct and true.							
Signature	e:		Date:				

FOR OFFICE USE ONLY: ☐ Cash ☐ Check ☐ Credit Card